

# SCREENING CONNECTIONS FOR LTSS SCREENERS

March 9, 2021

Presented by the Division for Aging and Disability Services

# DMAS-DADS LTSS Screening Program Staff



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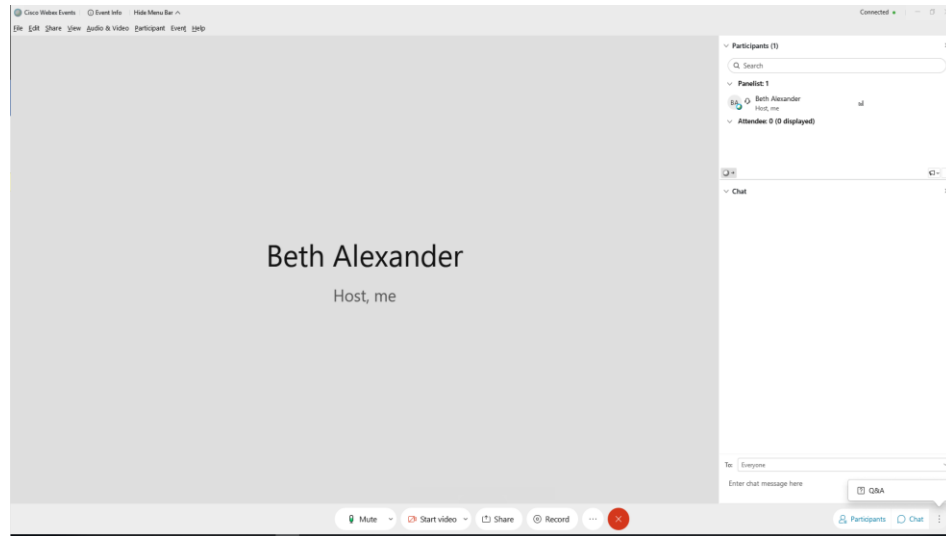
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# Logistics

- ❑ Post your questions for today's session in the **Q&A box, NOT the Chat box**
- ❑ Go to the bottom of the screen and look for the vertical 3 dots ⋮ beside the word "Chat". Click on the 3 dots and you should have the Q and A area pop up!



PowerPoints from the Screening Connection Call are posted on the DMAS Website Under Long Term Care: URL <http://www.dmas.virginia.gov/#/longtermprograms>

At the top of the page choose the tab for

## SCREENING FOR LTSS

look down the page for Screening Connection call information

The screenshot shows the DMAS Virginia Medicaid Program website. The header includes the DMAS logo with the tagline 'INNOVATION • QUALITY • VALUE' and the text 'Department of Medical Assistance Services'. A search bar is in the top right corner. A horizontal navigation bar contains several tabs: 'LTSS Home', 'Electronic Visit Verification', 'PACE', 'Money Follows the Person', 'Civil Monetary Penalties', and 'Screening for LTSS'. The 'Screening for LTSS' tab is highlighted in dark blue, and a large yellow arrow points to it from below. Below this bar, the text 'Screening for LTC Service and Supports' is displayed. A teal banner reads 'LTSS Training Announcement'. The main content area features a box titled 'Attention all Authorized Screeners for DMAS Medicaid Long Term Services and Supports (LTSS)'. The text in this box describes on-line training for screeners and provides a link to the registration page. A yellow arrow points to the 'Long Term Care' menu item in the left sidebar, which is highlighted in blue. Other menu items include 'Home', 'About Medicaid', 'Eligibility Guidance', 'FAMIS', 'Managed Care Benefits', 'Programs & Services', and 'For Providers'.

VIRGINIA'S MEDICAID PROGRAM  
DMAS  
INNOVATION • QUALITY • VALUE

Department of Medical Assistance Services

Search this website

Home LTSS Home Electronic Visit Verification PACE Money Follows the Person Civil Monetary Penalties **Screening for LTSS**

**Screening for LTC Service and Supports**

LTSS Training Announcement

**Attention all Authorized Screeners for DMAS Medicaid Long Term Services and Supports (LTSS)**

The Department of Medical Assistance Services (DMAS) and Virginia Commonwealth University, Partnership for People with Disabilities are pleased to provide on-line, modular training related to the Medicaid Long-Term Services and Supports (LTSS) Screening process. This training is being offered to enable Screeners to meet Virginia regulation provisions regarding the LTSS Screening process and to meet training requirements as stated in 12VAC30-60-310.

Information regarding the training is provided below. We encourage you to review the introduction module prior to registering for the training as the module provides useful information regarding how to proceed in the registration process. This module can be accessed here: <https://medicaidltss.training.partnership.vcu.edu/intromodule/intro.html>

Screeners and guests should allow approximately five hours for the full training. Physicians taking only Module 5 should allow at least 30 minutes.

You do not need to complete the training in one session and are free to leave the training site and return as many times as you'd like.

Click link below to register either as a screener or as a guest:  
<https://medicaidltss.training.partnership.vcu.edu/register>

Additional instructions and contact information for DMAS Medicaid LTSS Training can be found here:

Home About Medicaid Eligibility Guidance FAMIS Managed Care Benefits Programs & Services **Long Term Care** For Providers

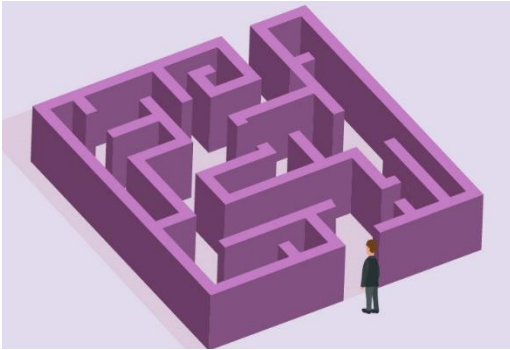


# Reminders

- All Screening questions or requests go to:  
[ScreeningAssistance@dmass.Virginia.gov](mailto:ScreeningAssistance@dmass.Virginia.gov)
- Do not contact individual members of the Screening Team unless you are already working on a case

# Today's Review

- Required Forms
- Navigating e-PAS the electronic LTSS Screening Portal
- Questions and Answers from Call Participants



# Quick Form Review

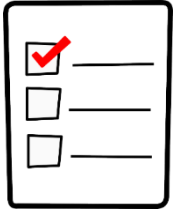
## Required Electronic LTSS Screening Forms in e-PAS

- ☐ UAI A and B
- ☐ DMAS 96 Authorization Form
- ☐ DMAS 97 Choice Form
- ☐ DMAS 95 Form if Nursing Facility is chosen
- ☐ DMAS 108/109 if CCC Plus Waiver with Private Duty is chosen



# Quick Form Review

## UAI Part A&B



- Both Uniform Assessment Instrument -UAI Part A (short form) and UAI Part B (long form) are required and must be completed for a valid LTSS Screening (See e-PAS screenshots later in the slides)

**VIRGINIA UNIFORM ASSESSMENT INSTRUMENT**

Dates:  
Screen: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reassessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IDENTIFICATION/BACKGROUND**

**Name & Vital Information**

Client Name: \_\_\_\_\_ Client SSN: \_\_\_\_\_  
(Last) (First) (Middle Initial)  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Phone: \_\_\_\_\_ City/County Code: \_\_\_\_\_  
Directions to Home: \_\_\_\_\_ Pets? \_\_\_\_\_

**Demographics**

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Male 0 \_\_\_\_\_ Female 1  
(Month) (Day) (Year)  
Marital Status: \_\_\_\_\_ Married 0 \_\_\_\_\_ Widowed 1 \_\_\_\_\_ Separated 2 \_\_\_\_\_ Divorced 3 \_\_\_\_\_ Single 4 \_\_\_\_\_ Unknown 9  
Race: \_\_\_\_\_ White 0 \_\_\_\_\_ Education: \_\_\_\_\_ Less than High School 0  
\_\_\_\_\_ Black/African American 1 \_\_\_\_\_ Some High School 1  
\_\_\_\_\_ American Indian 2 \_\_\_\_\_ High School Graduate 2  
\_\_\_\_\_ Oriental/Asian 3 \_\_\_\_\_ Some College 3  
Communication of Needs: \_\_\_\_\_ Verbally, English 0  
\_\_\_\_\_ Verbally, Other Language 1  
Specify: \_\_\_\_\_  
Sign Language/Gestures/Device 2



# Quick Form Review

## DMAS 96 Authorization Form



- Individuals that meet Nursing Facility Level of Care which is the Functional, Medical/Nursing Needs, and Risk requirements, should be marked as “Authorized” for CCC Plus Waiver, PACE, or Nursing Facility
- Individuals who Do Not Meet Nursing Facility Level of Care requirements should be marked as “**Not Authorized**” which includes the choices of Other Services Recommended or No Other Services Recommended

# Quick Form Review

## DMAS g6 Authorization Form



- After scoring and rating the LTSS Screening, the Screener determines whether an individual meets the requirements for authorization or not and indicates this on the DMAS g6 form
- e-PAS System DOES NOT determine this for you

**MEDICAID AUTHORIZATION**

**Level of Care**

1 = Nursing Facility (NF) Services ☐

2 = PACE

4 = Commonwealth Coordinated Care (CCC) Plus Waiver

☐

15 = Private Duty Nursing Services provided in the CCC Plus Waiver

**Exceptions:** Authorizations for NF, PACE, CCC Plus Waivers are interchangeable. Screening updates are not required for individuals to move between these services because the alternate institutional placement is a NF. NF = CCC Plus Waiver or PACE.

**NO MEDICAID SERVICES AUTHORIZED**

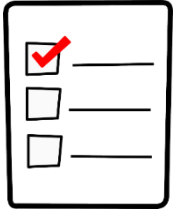
8 = Other Services Recommended ☐

9 = Active Treatment for MI, ID or RC

0 = No other services recommended

# Quick Form Review

## DMAS 96 Authorization Form



- “LTSS/ALF Screening Identification” is the name of your agency/facility and facility NPI (LTSS Screeners do not enter ALF Screenings in e-PAS-it is a separate process)
- Screeners and Physicians must check/sign their own Attestation Box, Signature, and Date in e-PAS
- Pre-Admission Screening and Resident Review (PASRR) Level II Determination

**LEVEL II ASSESSMENT DETERMINATION –  
FOR NF AUTHS ONLY – DOES NOT APPLY TO WAIVERS.**

Name of Level II Screener and ID number who completed the Level II  
for a diagnosis of MI, ID, or RC.

1. \_\_\_\_\_

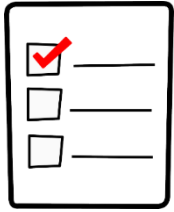
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 = Not referred for Level II assessment  
1 = Referred, Active Treatment needed  
2 = Referred, Active Treatment not needed  
3 = Referred, Active Treatment needed but individual chooses NF

☐

# Quick Form Review

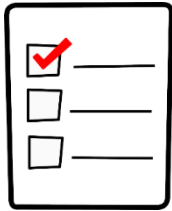
## DMAS 95 MI/ID/RC Level I and Supplemental Form for Level II Secondary Evaluation



- Pre-Admission Screening and Resident Review (PASRR) **Level I** is the 95 form
- PASRR **Level II** Evaluations and Determinations must be completed by DBHDS Contractor before a LTSS Screening can be submitted and processed
- DMAS 95 Supplemental Form should be completed by the LTSS Screener if the Level II was conducted
- Level II Determination is also documented on the DMAS 96 Form (under Level II Assessment Determination section)

# Quick Form Review

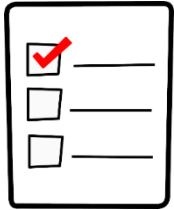
## DMAS 95 MI/ID/RC Level I and Supplemental Form for Level II Evaluation and Determination



- ❑ For Skilled Nursing Facility Screening Teams, the PASRR Level I and II may have already been completed upon initial admission, if so, then just transcribe all information to date into the e-PAS DMAS 95 forms.
- ❑ During COVID Flexibilities (at least until 4-20-2021), the NF has up to 30 days to complete the PASRR Level I and conduct the Level II if warranted.

# Quick Form Review

## DMAS 97 Choice Form

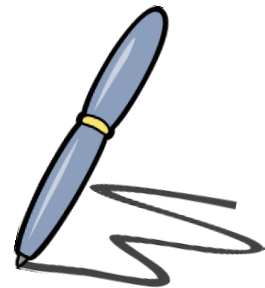
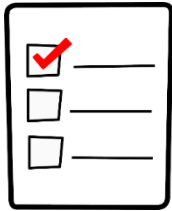


- It's a checklist to make sure that the Screener has informed the individual about the LTSS Screening process and their right to a CHOICE (choice of community vs institution/NF and choice of provider)
- For individuals who Do Not meet NF level of Care this form documents that the Screener shared with them their right to appeal and have a fair hearing (see denial letter template)
- Documents that the individual is "At Risk"
- Documents that the individual gave permission to conduct the LTSS Screening via their Signature

# Quick Form Review

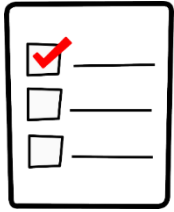
## DMAS 97 Choice Form

- This is the only form that has to obtain a hard copy-pen & ink signature in addition to being entered into e-PAS and a **COPY** must be kept in the individual's file at the Screening entity but the original should be part of the paperwork that goes to either the provider if FFS or Care Coordinator if in a health plan
- During COVID Flexibilities as of 3-9-2021, CBTs and Hospitals can use two witness signatures for individual's verbal consent (CBTs are conducting telephonic LTSS Screenings and Hospitals have the option to exempt conducting the Screening for Hospital to NF Admissions only but must conduct the DMAS 97 to provide Choice)



# Quick Form Review

## DMAS 108/109 Private Duty Nursing Referral Form



- DMAS 108 Adult/109 Child Private Duty Nursing Referral Forms have to be completed for all individuals needing Private Duty Nursing under CCC Plus Waiver (see December 8, 2020 Connector Call Slides)
- When the CCC Plus Waiver with PDN is selected on the 96 form page, it will release the 108/109 forms for you to add



# Tools and Resources



- ❑ Printable Forms: only to be used as a resource for conducting the LTSS Screening Interview then enter data into e-PAS
- ❑ LTSS Screening Manual Chapter IV 4-18-2019
- ❑ e-PAS Users Guide
- ❑ e-PAS Tutorial
- ❑ e-PAS Denial Resolution Reference Sheet
- ❑ Scoring and Rating-Determination Worksheet
- ❑ Revisit the VCU LTSS Screening Training Modules

# Tools and Resources:



## Printable DMAS Forms and Approval/Denial Letter Template

**DMAS MMIS Medicaid Web Portal:** [www.viriniamedicaid.dmas.virginia.gov](http://www.viriniamedicaid.dmas.virginia.gov)

- Select Provider Services Tab
- Select Provider Forms search from dropdown list
- For Type and Category find Pre-Admission Screening in the dropdown then click search

Home	Provider Services ▼	Provider Resources ▼	EDI Support ▼	Documentation ▼	FAQ	Provider Enrollment
Provider Forms Search						
Search Results						
Title	Number/Name	Type	Category			
Approval Letter for HCBS, NF, or PACE	<a href="#">DMAS-P238</a>	Pre-Admission Screening	Pre-Admission Screening			
Approval Letter for HCBS, NF, or PACE	<a href="#">DMAS-P238 (.doc)</a>	Pre-Admission Screening	Pre-Admission Screening			
Denial Letter for HCBS, NF, or PACE	<a href="#">DMAS-P239</a>	Pre-Admission Screening	Pre-Admission Screening			
Denial Letter for HCBS, NF, or PACE	<a href="#">DMAS-P239 (.doc)</a>	Pre-Admission Screening	Pre-Admission Screening			
Individual Choice - Institutional Care or Waivers Services	<a href="#">DMAS-97</a>	Pre-Admission Screening	Pre-Admission Screening			
Individual Choice - Institutional Care or Waivers Services	<a href="#">DMAS-97 (.doc)</a>	Pre-Admission Screening	Pre-Admission Screening			
Medicaid Funded Long-Term Care Service Authorization Form	<a href="#">DMAS-96</a>	Pre-Admission Screening	Pre-Admission Screening			
Medicaid Funded Long-Term Care Service Authorization Form	<a href="#">DMAS-96 (.doc)</a>	Pre-Admission Screening	Pre-Admission Screening			
Pre-Admission Screening Assessment	<a href="#">DMAS-P98</a>	Pre-Admission Screening	Pre-Admission Screening			
Supplemental Assessment Process Form Level 1	<a href="#">DMAS-95-MI/MR</a>	Pre-Admission Screening	Pre-Admission Screening			
Showing 1 - 10 of 17		<a href="#">New Search</a>		<< 1 2 >>		

# Tools and Resources:



## ❑ LTSS Screening Manual Chapter IV

**DMAS MMIS Medicaid Web Portal:** [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov)

- Select Provider Services tab
- Select Provider Manuals from the drop down list
- Select Provider Manuals and under accessing provider manuals use the drop down list and select Screening for Medicaid Funded LTSS and submit
- Select Chapter IV-Nursing Facility and Waiver Services

Manual Title	Chapter	Page
Screening for Medicaid-Funded Long-Term Services and Supports (LTSS)	IV	
Chapter Subject	Page Revision Date	
HCBS Waivers, PACE and Nursing Facility	4/18/2019	

# Tools and Resources:



## ❑ e-PAS Tutorial and User Guide

**DMAS MMIS Medicaid Web Portal:** [www.viriniamedicaid.dmas.virginia.gov](http://www.viriniamedicaid.dmas.virginia.gov)

- Select Provider Resources tab
- Select Pre-Admission Screening from the dropdown

The screenshot displays the DMAS MMIS Medicaid Web Portal interface. At the top is a navigation bar with tabs: Home, Provider Services, Provider Resources (selected), EDI Support, Documentation, FAQ, and Provider Enrollment. Below the navigation bar, on the left, is a 'Quick Links' sidebar with a list of links including Provider Services, Provider Resources, EDI Support, Documentation, FAQ, and others. On the right, the 'Pre-Admission Screening' section is expanded, showing a list of available options. The first three items in this list—'Pre-Admission Screening FAQ', 'Pre-Admission Screening User Guide', and 'Pre-Admission Screening Tutorial'—are circled in red. Below this list, there is a section for 'Provider Training Session Recordings' with links to ePAS Provider Training from 2015.10.05 and 2015.10.08.

Home Provider Services ▼ Provider Resources ▼ EDI Support ▼ Documentation ▼ FAQ Provider Enrollment

**Quick Links**

- Provider Services
- Provider Resources
- EDI Support
- Documentation
- FAQ
- ORP FAQs
- Pharmacy FAQs
- Search for Providers
- Provider Forms Search
- Pharmacy Forms Search
- Web Registration Reference Material
- DMAS Web Site
- ICD-10
- CCC Providers - NPI FAQs
- HIPPA Application
- NF Wage Survey Application
- Free Clinic FAQs

**Pre-Admission Screening**

The following is the list of available options within this category. Please make a selection for the link/documentation desired.

- Pre-Admission Screening FAQ
- Pre-Admission Screening User Guide
- Pre-Admission Screening Tutorial
- Electronic UAI Submission Enrollment Packet
- Electronic UAI ( Direct Submission )

Provider Training Session Recordings:

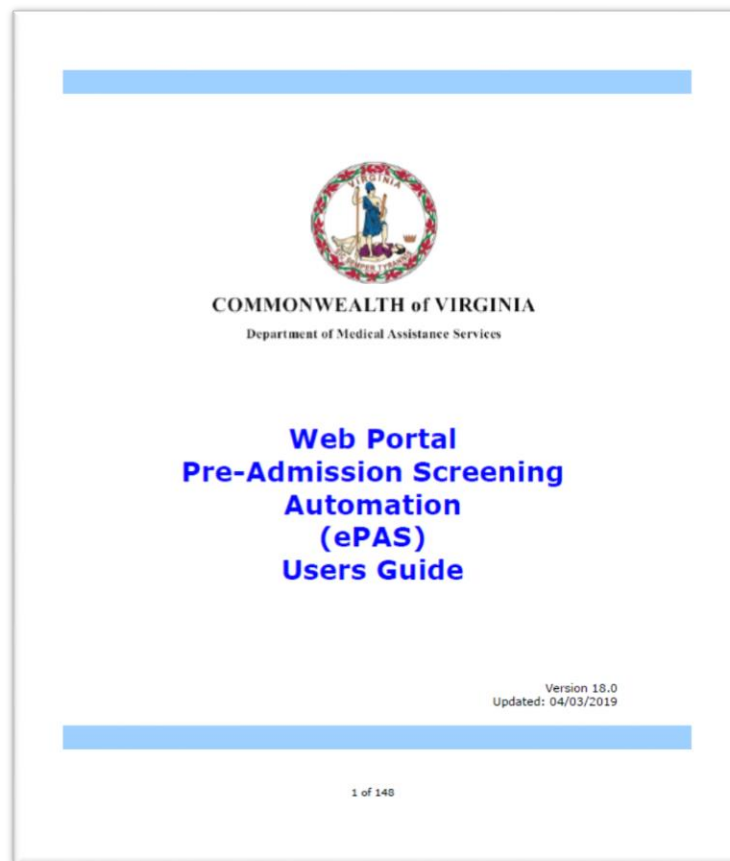
- ePAS Provider Training - 2015.10.05
- ePAS Provider Training - 2015.10.08

# Tools and Resources:



## ❑ e-PAS Users Guide

- Step by step instructions/screenshots for completing the electronic LTSS Screening Forms



# Tools and Resources:



## ❑ Denial Resolution Reference

- Found in the VCU LTSS Screening Training or request it from [ScreeningAssistance@dmass.virginia.gov](mailto:ScreeningAssistance@dmass.virginia.gov)

ePAS Denial Resolution Reference

ePAS Denial Message	Business Explanation	Possible Resolution
CANNOT HAVE MORE THAN ONE REIMBURSEMENT RATE CODE.	DMAS95 - Question 5, too many recommendations selected	<p><b>Forms:</b> DMAS95</p> <p><b>Section:</b> This section is to be completed by the Pre-admission Screening Committee</p> <p><b>Question:</b> 5. Recommendation (Either 'a' or 'b' must be checked.)*</p> <p><b>Action:</b> Only one of the following can be checked:</p> <ul style="list-style-type: none"><li>• MI (# 2 above is checked 'Yes')</li><li>• MR or Related Condition (# 3 or # 4 is checked 'Yes')</li><li>• Dual diagnosis (MI and MR/ID or Related Condition categories are checked)</li></ul> <p><b>Note:</b> if a patient has a MI and MR diagnosis, only check the Dual Diagnosis check box, checking it along with the MI and MR usually causes this error message.</p>
DUPLICATE ASSESSMENT FOUND.	Another assessment for this member/assessment date combination has submitted and approved already	<p>No further action is needed.</p> <p>If approved assessment was done in error and is invalid in some way, contact Jeanette Trestrail (<a href="mailto:Jeanette.Trestrail@dmass.virginia.gov">Jeanette.Trestrail@dmass.virginia.gov</a>) with the member information and assessment date so she can void the previous assessment and claim.</p> <p>Once voided (Status of the assessment will be 'Void') you can enter the assessment with the corrected information.</p>

# Tools and Resources:

- ❑ Scoring and Rating-Determination Worksheet
- Found in the LTSS Screening Manual or VCU LTSS Screening Training



## WORKSHEET TO DETERMINE NEED FOR MEDICAID-FUNDED LTSS

The following worksheet is a helpful tool in determining if an individual, adult or child, meets NF LOC criteria.

Individual being assessed: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 1:** Based on a completed Virginia Uniform Assessment Instrument (UAI) - check how the individual scores in the following categories.

ADLs	Check If Independent (I)	Check if Semi-Dependent (d)	Check if Dependent (D)
Bathing			
Dressing			
Toileting			
Transferring			
Eating/Feeding			
Bowel			
Bladder			

**STEP 2:** Number of "Other" Dependencies

OTHER	Check If Independent (I)	Check If Semi-Dependent (d)	Check If Dependent (D)
Medication Administration			
Mobility			
Joint Motion			
Behavior Pattern & Orientation			

**STEP 3:** Apply the responses in Step 2 to the criteria below.

To be considered to meet the functional capacity requirements for NF level of care an individual **must** meet the minimum requirements of one of the following three categories.

**CATEGORY 1:** Individuals must meet items #1 and #2 in category 1; plus either item #3 or #4.

- 1) Rated dependent in 2 or more ADLs: **YES; PLUS**
- 2) Rated semi-dependent or dependent in behavior pattern and orientation (behavior pattern and orientation are rated jointly) **YES; PLUS**
- 3) Rated semi-dependent or dependent in joint motion **YES; OR**
- 4) Rated dependent in medication administration: **YES.**

**CATEGORY 2:** Individuals must meet all items in this category.

- 1) Rated dependent in 5 to 7 ADLs: **YES; PLUS**
- 2) Rated dependent in mobility: **YES.**

**CATEGORY 3:** Individuals must meet all items in this category.

- 1) Rated semi-dependent or dependent in 2 or more ADLs: **YES; PLUS**  
(If individual are rated as DEPENDENT and/or SEMI-DEPENDENT (combination) in 2-7 ADLs it counts as a yes.)
- 2) Rated dependent in mobility: **YES; PLUS**
- 3) Rated dependent in behavior and orientation: **YES.**

**STEP 4:** Individuals **MUST** have a medical or nursing need to meet criteria for LTSS.

This means:

- 1) the individual's medical condition requires observation and assessment to assure evaluation of needs due to an inability for self-observation or evaluation: OR
- 2) the individual has complex medical conditions that may be unstable or have the potential for instability; OR
- 3) the individual requires at least one ongoing medical or nursing service. (See the Screening for LTSS manual section for examples and additional explanation.)

Does individual does have medical nursing needs? **YES**

If YES (briefly describe): \_\_\_\_\_

**STEP 5:** Determination of whether the individual meets criteria for long-term services and supports.

1. Individual meets at least one of the three categories in Step 3: **YES**
2. Individual has medical or nursing needs as defined in Step 4: **YES**
3. Individual meets the definition of "at risk" for institutionalization within 30 days: **YES**

This individual meets NF LOC criteria (i.e., 1, 2, and 3, above are answered "YES"):  
**YES NO**

Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

# e-PAS Review:

Handwritten Screenings are NOT to be Furnished to Providers





# e-PAS Tips:



## Tips & Tricks

- ☐ Make sure computer you are using is freshly rebooted to avoid issues
- ☐ Only fields marked with an asterisk are required
- ☐ Save Often!
- ☐ If having issues check with your IT folks about your facility/agency bandwidth or other issues
- ☐ Forms in e-PAS have to be completely filled out before advancing to next form

# General e-PAS:

- ❑ **Auto-population:** When a Screener enters an individual's **Social Security Number** into the UAI Part A, if that individual had previously applied for Medicaid and is in the existing Virginia Medicaid Management Information System (MMIS), e-PAS will auto-populate the existing listed Name, Medicaid ID Number, Date of Birth, and Gender into the data fields from MMIS.
- ❑ **Always double check** all of the auto-populated demographics information for accuracy before proceeding to the next section of the Screening. If the wrong demographic information auto populates, the screener should first check to see if the correct Social Security Number was entered and if so contact [ScreeningAssistance@dmas.Virginia.gov](mailto:ScreeningAssistance@dmas.Virginia.gov) for help with corrections.
- ❑ If a Screener enters in an individual's Social Security Number and **nothing** auto populates then that means the Screener is actually creating a new record in MMIS so please make sure that the information is correct.



# General e-PAS:

- ❑ DO NOT PUT IN PSEUDO SOCIALS-this is only used for people or infants who legitimately DO NOT have one.
- ❑ Parameters are set to check for consistency throughout Screening
- ❑ After submission, look for the status in e-PAS status tracking the following day. It has to state Successfully Processed in order to be completed.
- ❑ Denial Messages occur with Unsuccessful Submissions-these are technical errors in the electronic Screening Forms



# General e-PAS:

- ❑ Screening Packets can be printed from the e-PAS system and will bare a watermark of the screening status: Successfully Processed, Submitted for Processing, Denied, or Incomplete.
- ❑ e-PAS interfaces with other systems (MMIS, Claims, AE&D Portal, etc.)
- ❑ Upon successful submission, e-PAS will link the Screening record to the Medicaid ID number or Social Security number listed on the DMAS-g6 Authorization form in Virginia Medicaid information system (MMIS).



# e-PAS Review-Two Data Entry Options:

## ❑ Directly into e-PAS in the portal

Start LTSS Screening manually by selecting UAI Part A selection below

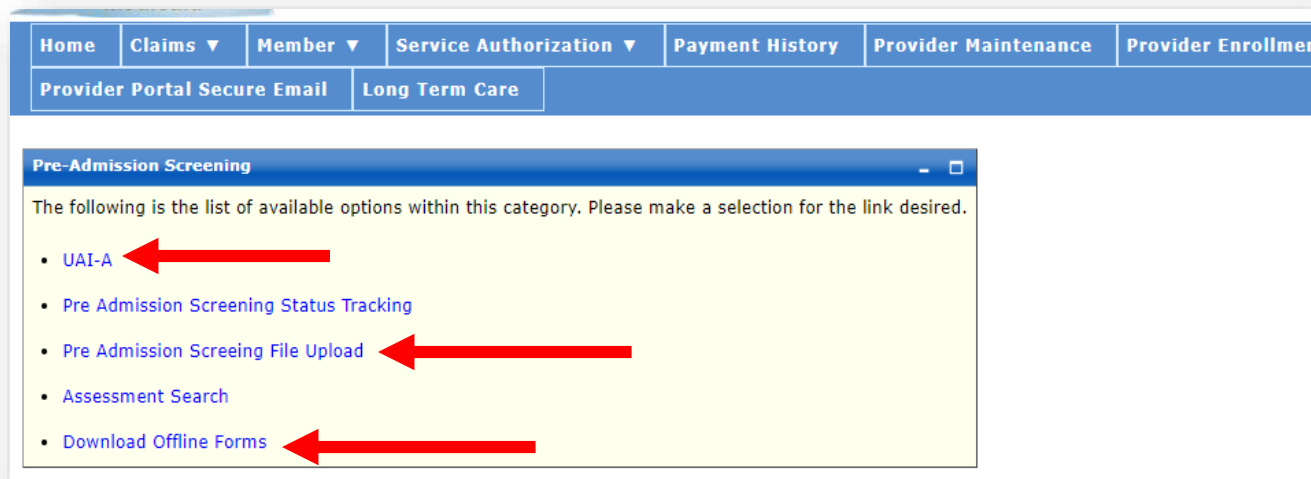
## ❑ Use of the DMAS-Pg8 “Upload” form

- Must download Pg8 fresh from e-PAS every time you use it

Download offline forms selection below

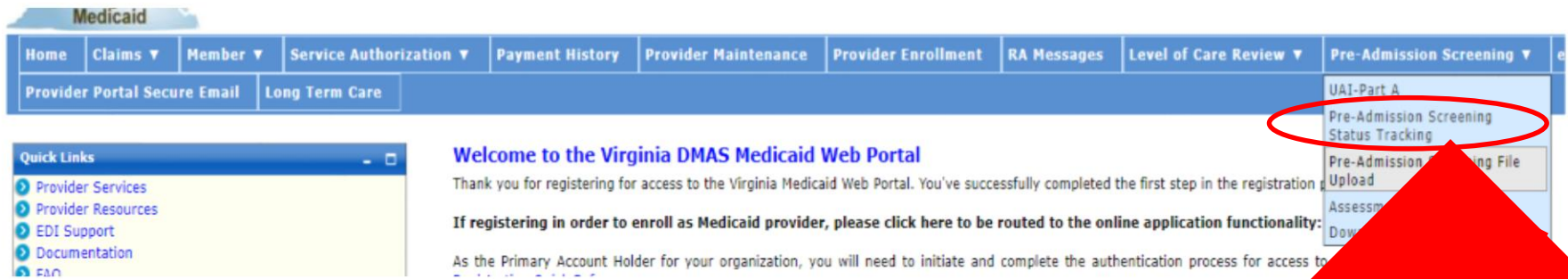
- All fields must be completed before you upload

Pre-Admission Screening File Upload selection below



# e-PAS Review:

## ☐ e-PAS Status Tracking



Medicaid

Home Claims Member Service Authorization Payment History Provider Maintenance Provider Enrollment RA Messages Level of Care Review Pre-Admission Screening

Provider Portal Secure Email Long Term Care

**Quick Links**

- Provider Services
- Provider Resources
- EDI Support
- Documentation
- FAQ

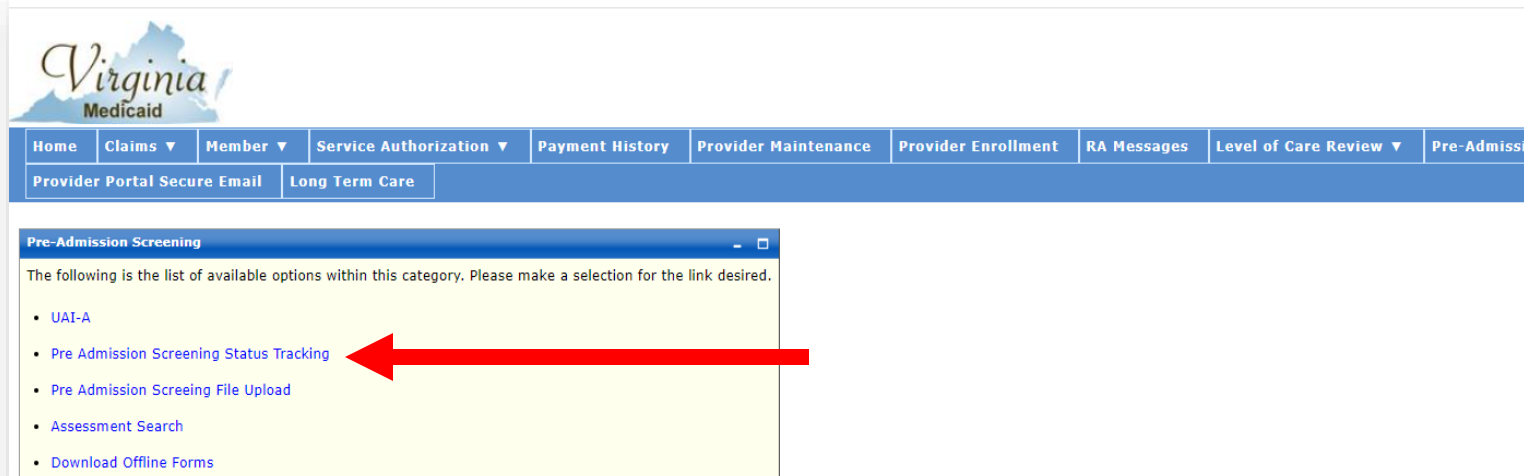
**Welcome to the Virginia DMAS Medicaid Web Portal**

Thank you for registering for access to the Virginia Medicaid Web Portal. You've successfully completed the first step in the registration process.

**If registering in order to enroll as Medicaid provider, please click here to be routed to the online application functionality:**

As the Primary Account Holder for your organization, you will need to initiate and complete the authentication process for access to the system.

UAI-Part A  
**Pre-Admission Screening Status Tracking**  
Pre-Admission Screening File Upload  
Assessment Search  
Download Offline Forms



Virginia Medicaid

Home Claims Member Service Authorization Payment History Provider Maintenance Provider Enrollment RA Messages Level of Care Review Pre-Admission Screening

Provider Portal Secure Email Long Term Care

**Pre-Admission Screening**

The following is the list of available options within this category. Please make a selection for the link desired.

- UAI-A
- Pre Admission Screening Status Tracking**
- Pre Admission Screening File Upload
- Assessment Search
- Download Offline Forms

# e-PAS Review:

## ePAS Action Functions

- **Recall:**

Used to open saved incomplete status screenings and copy existing voided, denied, or successfully processed screenings

- **Delete:**

Used to delete incomplete screenings only

- **Print:**

Used to print, print preview, or view screenings

# e-PAS Review-Status Tracking:

## □ Action Functions: Recall, Delete, and Print

Virginia Medicaid

Test Environment

Home | Claims | Member | Service Authorization | Payment History | EHR Incentive Program | Provider Maintenance | Provider Enrollment | RA Messages | Level of Care

Pre-Admission Screening

Pre-Admission Screening Status Summary

Virginia Pre-Admission Screening Status Tracking - Summary

Assessment Date	Initial Request Date	Assessment Ref #	Member's Medicaid ID	Member's SSN	User ID	Assessment Type	Status	Action
03/23/2015	03/01/2015	2015104001053				UAI - Part B (long)	Incomplete	<a href="#">Recall</a> <a href="#">Delete</a>
03/23/2015	03/01/2015	2015104001052				UAI - Part B (long)	Incomplete	<a href="#">Recall</a> <a href="#">Delete</a>
03/23/2015	03/01/2015	2015103001051				UAI - Part B (long)	Incomplete	<a href="#">Recall</a> <a href="#">Delete</a>
03/21/2015	01/20/2015	<a href="#">201511001240</a>				UAI - Part B (long)	Successful - Processed	<a href="#">Recall</a> <a href="#">Print</a>
03/19/2015	03/02/2015							<a href="#">Recall</a> <a href="#">Delete</a>
03/17/2015	03/01/2015							<a href="#">Recall</a> <a href="#">Delete</a>
03/15/2015	02/21/2015	<a href="#">2015110001221</a>				UAI - Part B (long)	Successful - Processed	<a href="#">Recall</a> <a href="#">Print</a>
03/14/2015	03/01/2015	2015114001345				UAI - Part B (long)	Submitted for Processing	<a href="#">Recall</a> <a href="#">Print</a>
03/14/2015	03/01/2015	<a href="#">2015113001319</a>				UAI - Part B (long)	Denied	<a href="#">Recall</a> <a href="#">Print</a>
03/14/2015	12/20/2014	2015081000941				UAI - Part A (short)	Incomplete	<a href="#">Recall</a> <a href="#">Delete</a>

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# e-PAS Review-Status Tracking:

- ❑ Assessment Reference Number Hyperlink for Denial Error Messages

Medicaid

Home | Claims | Member | Service Authorization | Payment History | EHR Incentive Program | Provider Maintenance | Provider

Pre-Admission Screening

Pre-Admission Screening Status Summary


Virginia Pre-Admission Screening Status Tracking - Summary

Assessment Date	Initial Request Date	Assessment Ref #	Member's Medicaid ID	Member's SSN	User ID	Assessment Type	Status
03/23/2015	03/01/2015	2015104001053				UAI - Part B (long)	In
03/23/2015	03/01/2015	2015104001052				UAI - Part B (long)	In
03/23/2015	03/01/2015	2015103001051				UAI - Part B (long)	In
03/21/2015	01/20/2015	<a href="#">2015111001240</a>				UAI - Part B (long)	Su
03/19/2015	03/02/2015	2015091000988				UAI - Part A (short)	In
03/17/2015	03/01/2015	2015091000989				UAI - Part A (short)	In
03/15/2015	02/21/2015	<a href="#">2015110001221</a>				UAI - Part B (long)	Su
03/14/2015	03/01/2015	2015114001345				UAI - Part B (long)	Su
03/14/2015	03/01/2015	<a href="#">2015113001319</a>				UAI - Part B (long)	De
03/14/2015	12/20/2014	2015081000941				UAI - Part A (short)	In

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# e-PAS Review:

## ePAS - Error Messages in a Denied Screening



Virginia Medicaid

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Home | Claims | Member | Service Authorization | Payment History | EHR Incentive Program | Provider Maintenance | Provider Enrollment | RA Messages

Level of Care Review | Pre-Admission Screening

Pre-Admission Screening Status Summary

Virginia Pre-Admission Screening Status Tracking - Detail

Assessment Ref #: 2014295000439  
Assessment Date: 06/29/2014  
Assessment Approval Code: Denied

Assessment Type: UAI - Part B (long)  
PAS Medicaid Authorization Code: 01

NPI(s): [REDACTED]

Member's Information

Medicaid ID: [REDACTED]  
Name: [REDACTED]  
SSN: [REDACTED]

Error Messages:

FRACTURES/DISLOCATIONS CODE IS INVALID.MEDICAID AUTHORIZATION CODE IS INVALID IN CROSS EDIT VALIDATION.

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# e-PAS Review:



❑ LTSS Screening Questions, Corrections, and Voids go to:  
[ScreeningAssistance@dmas.Virginia.gov](mailto:ScreeningAssistance@dmas.Virginia.gov)

- Name of Individual (correct and wrong name):
- Issue that is occurring
- Social Security Number (correct and wrong):
- Medicaid Number (and if used on the screening submitted):
- Date of Screening, if submitted, and if a void is needed:
- Screening Reference Number (ATN):

# e-PAS Review:

Straight out of the  
e-PAS Users Guide

## UAI Part A-Short Form Sample

UAI-A

Virginia Uniform Assessment Instrument  
Part A

For instructions, please click here: [VA Uniform Assessment Instrument \(UAI\) User's Manual](#)

**Member Name**

SSN\*  \*If no SSN, enter 000MMDDYY (where MMDDYY is member's DOB)

Last Name\*

First Name\*

MI

**Dates:**

Screen Date (MM/DD/YYYY) \*

Assessment Date (MM/DD/YYYY) \*

Initial Request Date (MM/DD/YYYY) \*

**Identification/Background**

**Member Name & Vital Information**

Address\*

City\*

State\*

Zip\*

Phone\*

City/County Code\*

Directions to House

250 Characters Remaining

Pets?

# e-PAS Review:

## ❑ UAI Part A-Short Form Sample

- At the end of UAI Part A Form, after you have completed all fields with the red asterisks, you will need to click on No, Continue to Long Form which is UAI Part B.

**Screener Name**

**Agency**

**Outcome: Is this a short assessment? \***

- ☐ No, Continue with the long assessment
- ☐ Yes, Ready for Submission
- ☐ Yes, Forms need to be added/reviewed to complete this assessment

# e-PAS Review:

Straight out of the  
e-PAS Users Guide

## UAI Part B-Long Form Sample

UAI-B

Virginia Uniform Assessment Instrument  
Part B

For instructions, please click here: [VA Uniform Assessment Instrument \(UAI\) User's Manual](#)

**Member Information**

Last Name \*  First Name \*  MI  SSN \*

**Physical Health Assessment**

**Professional Visits/Medical Admissions**

	Doctor's Name	Phone	Phone Ext	Date of Last Visit	Reason for Last Visit	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Save</a>

[Add Additional Visit/Admission](#)

Admissions: In the past 12 months, have you been admitted to a . . . for medical or rehabilitation reasons? (Check all services that apply)

☐ Hospital

☐ Nursing Facility

☐ Adult Care Residence

Do you have any advanced directives such as . . . (Who has it . . . Where is it . . .)? (Check all services that apply)

☐ Living Will

☐ Durable Power of Attorney for Health Care

☐ Other

# e-PAS Review:

## ❑ UAI Part B-Long Form

- At the end of UAI Part B Form, after you have completed all fields with the red asterisks, you will need to click on Forms need to be added/reviewed to complete this assessment.

Case assigned to	Code #
<input type="text"/>	<input type="text"/>
<input type="radio"/> Forms need to be added/reviewed to complete this assessment	
<input type="radio"/> The assessment is ready for submission, no additional forms needed	

# e-PAS Review:

## □ ADDING FORMS:

- Forms have to be completed fully before you can add an additional form
- Required forms are DMAS 97 Choice, DMAS 95 if NF is chosen, and DMAS 96 Authorization Form (108/109 forms for PDN are released after the 96 form is completed)
- Best practice to add the DMAS 96 form last since the Physician has to review full Screening Packet, give final authorization attesting to accuracy, and sign/date their own section.





# e-PAS Review:



## ❑ REMOVING UNWANTED FORMS:

- Go through LTSS Screening forms and tabs from left to right in chronological order (UAI part A, continue to Long Form bubble, UAI part B, add forms bubble) until you reach the unwanted form and there should be a “Release” button. Once you release it, there is no retrieving it.

# e-PAS Review:

Submit

## □ READY FOR SUBMISSION

- After you have added all of the required forms, double checked your work, obtained required signatures, and are ready for submission, click **“The assessment is ready for submission, no additional forms needed”** bubble
- Submit

- ☐ Forms need to be added/reviewed to complete this assessment
- ☒ The assessment is ready for submission, no additional forms needed

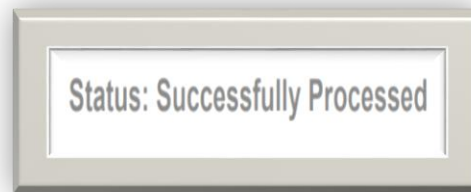
Save

Submit

# e-PAS Review:

## □ After Submission

- The e-PAS status tracking will say “Submitted for Processing” until the next day
- Follow up the next day to make sure that it states “Successfully Processed”



# Referral

## General Notification Guidelines

- Letter with the Screening decision provided to the individual screened or his or her representative
- Sample approval and denial letters are located on the Medicaid Web Portal under *Provider Services/Provider Forms Search*
- Appeal Rights and instructions **MUST** be provided when services are denied



**The individual should ALWAYS receive a copy of their full LTSS Screening Packet**

# Referral

This chart is provided as a tool in the LTSS Screening Manual for remembering who receives which forms

**Medicaid LTSS Screening, Form Distribution**

CCC Plus Member Forms Sent to Care Coordinator		FFS Members Forms Sent to Provider		PACE Admissions Forms Sent to Provider
NF Admission	CCC Plus Waiver	NF Admission	CCC Plus Waiver	
UAI	UAI	UAI	UAI	UAI
DMAS-95 • Level I • Level II (if appropriate)		DMAS-95 • Level I • Level II (if appropriate)		
DMAS-96	DMAS-96	DMAS-96	DMAS-96	DMAS-96
DMAS-97	DMAS-97	DMAS-97	DMAS-97	DMAS-97
	DMAS-108 (as appropriate)		DMAS-108 (as appropriate)	
	DMAS-109 (as appropriate)		DMAS-109 (as appropriate)	

\*A copy of the DMAS-96 is always forwarded to the LDSS.

\*\*A full copy of the Screening Packet (all completed forms) is always provided to the individual or the individual's representative.

Screeners will need to retain copies of the Screening packet per retention policy.

# Please Double Check Your Work Before Hitting Submit in e-PAS

**CHECK**

**CHECK**

**CHECK**



**Especially Social Security Numbers**

# Question and Answers

Do you have a question?



*Questions are the path to learning*

# LTSS Screening Connector

NEXT CALL



April 13, 2021

*Join Us!*



# Who to Contact Regarding Medicaid LTSS Screening Issues?



[ScreeningAssistance@dmas.Virginia.gov](mailto:ScreeningAssistance@dmas.Virginia.gov)